

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101553052

FILING DATE

10.12.05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		1				
2	/		1				
3	/		1				
4							
5	3		3				
6	3		3				
7	3		3				
8	3		3				
9	3		3				
10	3		3				
11	3		3				
12			1				
13			1				
14			1				
15			1				
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49							
50							
TOTAL IND.			1				
TOTAL DEP.			19				
TOTAL CLAIMS			20				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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97							
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99							
100							
TOTAL IND.			1				
TOTAL DEP.			19				
TOTAL CLAIMS			20				